

Visible Emissions Evaluation Course

*Registration Form

1.	NAME:	_____	_____	_____
		(Last)	(First)	(Middle Initial)
2.	JOB TITLE:	_____		
3.	EMPLOYER:	_____		
4.	BUSINESS MAILING ADDRESS:	_____		
		(P.O. Box or Street)		
		_____	_____	_____
		(City)	(State)	(ZIP Code)
5.	EMPLOYER'S ADDRESS:	_____		
	(If different from above)	(P.O. Box or Street)		
		_____	_____	_____
		(City)	(state)	(Zip Code)
6.	BUSINESS TELEPHONE:	_____		
		(Area Code)	(Number)	(Extension)
7.	PRIMARY JOB FUNCTION:	_____		
8.	DATE OF TRAINING FOR WHICH REGISTRATION IS BEING MADE:	_____		
9.	THIS REGISTRATION IS FOR (Check One):	<input type="checkbox"/> Original Kentucky Certification <input type="checkbox"/> Recertification		
10.	DATE OF LAST KENTUCKY CERTIFICATION:	_____		
11.	HAVE YOU RECEIVED CERTIFICATION IN VISIBLE EMISSIONS FROM ANY ORGANIZATION OTHER THAN THE KENTUCKY DIVISION FOR AIR QUALITY?	<input type="checkbox"/> YES (If yes, please complete the following: _____) <input type="checkbox"/> NO		
	NAME OF ORGANIZATION:	_____		
	ADDRESS	_____		
	DATE OF CERTIFICATION	_____	LOCATION:	_____
12.	SIGNATURE OF REGISTRANT:	_____	DATE:	_____

**Kentucky Division for Air Quality
Technical Services Branch
803 Schenkel Lane
Frankfort, Kentucky 40601**

DEP6028